

DEPARTMENT OF MINNESOTA, V.F.W PROGRAMS

MONTHLY REPORT FORM

(Reporting Year: April 1 – March 31) (Use this form to report each Calendar month's activities.)

District # **Post/Auxiliary #** (One JOINT report per month)

REPORT for the calendar month of: **Year:**

PREPARED **Title:**
Phone #: **Email Address:**

The following Community Activity Projects have been completed during this Calendar month:

A. AMERICANISM AND COOPERATION WITH OTHER ORGANIZATIONS:

1 **Organized and Assisted in Fund Drives (March of Dimes, Muscular Dystrophy, etc)**
Describe
 Hours # Members: \$

2 **Flag Presentation or Education**
Describe
 Hours # Members: \$

3 **Distribution of Literature**
Describe
 Hours # Members: \$

4 **P.O.W./M.I.A. Program**
Describe
 Hours # Members: \$

5 **Loyalty, Memorial Day, Pearl Harbor, Veterans Day**
Describe
 Hours # Members: \$

6 **Other Americanism Projects**
Describe
 Hours # Members: \$

CAT A	Hours	# Members	Amount
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B. SAFETY:

7 **Pedestrian Safety**
Describe
 Hours # Members: \$

8 **Drug Awareness**
Describe
 Hours # Members: \$

9 **Recreational Safety**
Describe
 Hours # Members: \$

